

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1902*

House Bill No. 2849

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

(a) The board of medical examiners may issue to an eligible physician or medical graduate from a foreign country or foreign territory a short-term visitor clinical training license for a period of time not to exceed ninety (90) days.

(b) To be eligible for a short-term visitor clinical training license under this section, an applicant physician or medical graduate must provide to the board, in a manner and form prescribed by the board by rule:

(1) Proof that the applicant holds a medical degree from an institution recognized in the World Directory of Medical Schools;

(2) Proof of written acceptance to a clinical professional development or short-term clinical training program in this state;

(3) Proof that the applicant is able to lawfully enter and remain in the United States during the period of the clinical professional development or short-term clinical training program;

(4) Evidence that the host institution or the Educational Commission for Foreign Medical Graduates (ECFMG) has verified the applicant's credentials;

(5) Evidence that the applicant:



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(A) Has an unrestricted license to practice medicine in the applicant's country or territory of origin or country or territory of practice;
or

(B) Is enrolled in an accredited resident training program in the applicant's country or territory of origin;

(6) A written statement that the applicant does not have, as determined by the board:

(A) A disqualifying criminal history; or

(B) A history of disqualifying disciplinary action by an educational or training institution, employer, or foreign licensing authority;

(7) Proof of medical liability insurance coverage; and

(8) A written statement signed by the applicant acknowledging that a short-term visitor clinical training license cannot be used to:

(A) Obtain or hold a position in a residency program in the United States;

(B) Satisfy United States graduate medical education requirements; or

(C) Remain in this state to practice medicine beyond the expiration date of the license.

(c) A short-term visitor clinical training licensee:

(1) Shall not assume independent responsibility for patient care;

(2) May only engage in training activities under the supervision and control of a physician licensed under this chapter or chapter 9 of this title; and

(3) To the extent permitted by the board based upon the licensee's education and training, and by compliance with subdivision (c)(2), may engage in direct interaction with a patient, including, but not limited to:

(A) Taking medical history;

- (B) Conducting a physical examination;
- (C) Reading a radiologic study;
- (D) Administering anesthesia; and
- (E) Performing a surgical procedure.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 9, is amended by adding the following as a new section:

(a) The board of osteopathic examination may issue to an eligible physician or medical graduate from a foreign country or foreign territory a short-term visitor clinical training license for a period of time not to exceed ninety (90) days.

(b) To be eligible for a short-term visitor clinical training license under this section, an applicant physician or medical graduate must provide to the board, in a manner and form prescribed by the board by rule:

(1) Proof that the applicant holds a medical degree from an institution recognized in the World Directory of Medical Schools;

(2) Proof of written acceptance to a clinical professional development or short-term clinical training program in this state;

(3) Evidence that the host institution or the Educational Commission for Foreign Medical Graduates (ECFMG) has verified the applicant's credentials;

(4) Evidence that the applicant:

(A) Has an unrestricted license to practice medicine in the applicant's country or territory of origin or country or territory of practice;
or

(B) Is enrolled in an accredited resident training program in the applicant's country or territory of origin;

(5) A written statement that the applicant does not have, as determined by the board:

(A) A disqualifying criminal history; or

(B) A history of disqualifying disciplinary action by an educational or training institution, employer, or foreign licensing authority;

(6) Proof of medical liability insurance coverage; and

(7) A written statement signed by the applicant acknowledging that a short-term visitor clinical training license cannot be used to:

(A) Obtain or hold a position in a residency program in the United States;

(B) Satisfy United States graduate medical education requirements; or

(C) Remain in this state to practice medicine beyond the expiration date of the license.

(c) A short-term visitor clinical training licensee:

(1) Shall not assume independent responsibility for patient care;

(2) May only engage in training activities under the supervision and control of a physician licensed under this chapter or chapter 6 of this title; and

(3) To the extent permitted by the board based upon the licensee's education and training, and by compliance with subdivision (c)(2), may engage in direct interaction with a patient, including, but not limited to:

(A) Taking medical history;

(B) Conducting a physical examination;

(C) Reading a radiologic study;

(D) Administering anesthesia; and

(E) Performing a surgical procedure.

SECTION 3. The board of medical examiners and the board of osteopathic examination are authorized to promulgate rules to effectuate the purposes of this act. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. This act takes effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2582

House Bill No. 2779*

by deleting all language after the enacting clause and substituting:

SECTION 1. This act is known and may be cited as the "Human Life Protection Act."

SECTION 2. Tennessee Code Annotated, Title 39, Chapter 15, Part 2, is amended by adding the following new sections:

39-15-220. Definitions.

(a) As used in §§ 39-15-220 – 39-15-228:

(1) "Abortion" means the use of an instrument, medicine, drug, or other substance or device with intent to terminate the pregnancy of a woman known to be pregnant with intent other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus;

(2) "Fertilization" means that point in time when a male human sperm penetrates the zona pellucida of a female human ovum;

(3) "Pregnant" means the human reproductive condition of having a living unborn child within one's body throughout the entire embryonic and fetal stages of the unborn child from fertilization until birth;

(4) "Unborn child" means an individual living member of the species homo sapiens throughout the entire embryonic and fetal stages of the unborn child from fertilization until birth; and

(5) "Woman" and "women" include any person whose biological sex is female, including a person with XX chromosomes and a person with a uterus, regardless of any gender identity that the person attempts to assert or claim.



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39-15-221. Abortion prohibited.

(a) A person shall not knowingly perform or attempt to perform an abortion except as provided in subsections (b) and (c) and § 39-15-222.

(b) The prohibition in subsection (a) does not apply if:

(1) The abortion was performed or attempted by a licensed physician;

(2) The physician determined, in the physician's good-faith medical judgment, based upon the facts known to the physician at the time, that the abortion was necessary to prevent the death of the pregnant woman or to prevent serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman. An abortion is not deemed authorized under this subdivision (b)(2) if performed on the basis of a claim or a diagnosis that the woman will engage in conduct that would result in her death or substantial and irreversible impairment of a major bodily function or for any reason relating to her mental health; and

(3) The physician performs or attempts to perform the abortion in the manner which, in the physician's good-faith medical judgment, based upon the facts known to the physician at the time, provides the best opportunity for the unborn child to survive, unless in the physician's good-faith medical judgment, termination of the pregnancy in that manner would pose a greater risk of the death of the pregnant woman or substantial and irreversible impairment of a major bodily function. No such greater risk is deemed to exist if it is based on a claim or diagnosis that the woman will engage in conduct that would result in her death or substantial and irreversible impairment of a major bodily function or for any reason relating to her mental health.

(c) The prohibition in subsection (a) does not apply to medical treatment provided to the pregnant woman by a licensed physician which results in the accidental death of or unintentional injury to or death of the unborn child.

(d) This section does not subject the pregnant woman upon whom an abortion is performed or attempted to civil liability or criminal conviction or penalty.

(e) The exception described in subsection (b) is an affirmative defense, and a defendant sued under § 39-15-224 has the burden of pleading and proving the elements of that defense by a preponderance of the evidence.

39-15-222. Exemption for preemption and intergovernmental immunity.

The prohibition in § 39-15-221 does not apply to an abortion performed at the behest of federal agencies, contractors, or employees that are carrying out duties under federal law, if a prohibition on that abortion would violate the doctrines of preemption or intergovernmental immunity.

39-15-223. Limitations on public enforcement.

Notwithstanding another law, the requirements of § 39-15-221 are enforced exclusively through the private civil actions described in § 39-15-224. No direct or indirect enforcement of § 39-15-221 may be taken or threatened by the state, a political subdivision, a district or county attorney, or an executive or administrative officer or employee of this state or a political subdivision against any person or entity, in any manner whatsoever, except as provided in § 39-15-224, and no violation of § 39-15-221 may be used to justify or trigger the enforcement of another law or any type of adverse consequence under another law, except as provided in § 39-15-224. However, this section does not preclude enforcement of another law or rule against conduct that independently violates such other law or rule.

39-15-224. Civil liability.

(a) Any person, other than this state, its political subdivisions, and any officer or employee of a state or local governmental entity in this state, may bring a civil action against any person or entity that:

- (1) Performs or induces an abortion in violation of § 39-15-221;

(2) Knowingly engages in conduct that aids or abets the performance or inducement of an abortion, including paying for or reimbursing the costs of an abortion through insurance or otherwise, if the abortion is performed or induced in violation of § 39-15-221, regardless of whether the person or entity knew or should have known that the abortion would be performed or induced in violation of § 39-15-221; or

(3) Intends to engage in the conduct described by subdivision (a)(1) or (a)(2).

(b) If a claimant prevails in an action brought under this section, the court shall award:

(1) Injunctive relief sufficient to prevent the defendant from violating § 39-15-221 or engaging in acts that aid or abet violations of § 39-15-221;

(2) Statutory damages in an amount of not less than ten thousand dollars (\$10,000) for each abortion that the defendant performed, induced, aided, or abetted in violation of § 39-15-221;

(3) Nominal and compensatory damages if the plaintiff has suffered harm from the defendant's conduct, including, but not limited to, loss of consortium and emotional distress; and

(4) Costs and attorney's fees.

(c) Notwithstanding subsection (b), a court shall not award relief under subdivision (b)(2) or (b)(4) in response to a violation of subdivision (a)(1) or (a)(2) if the defendant demonstrates that the defendant previously paid or has been ordered to pay the full amount of statutory damages under subdivision (b)(2) in a previous action for that particular violation of § 39-15-221, or for the particular conduct that aided or abetted an abortion performed or induced in violation of § 39-15-221.

(d) Notwithstanding another law, a person may bring an action under this section no later than six (6) years after the date the cause of action accrues.

(e) Notwithstanding another law, the following are not a defense to an action brought under this section:

- (1) Ignorance or mistake of law;
- (2) A defendant's belief that the requirements or provisions of § 39-15-221 are unconstitutional or were unconstitutional;
- (3) A defendant's reliance on a court decision that has been overruled on appeal or by a subsequent court, even if that court decision had not been overruled when the defendant violated subsection (a);
- (4) A defendant's reliance on a state or federal court decision that is not binding on the court in which the action has been brought;
- (5) Non-mutual issue preclusion or non-mutual claim preclusion;
- (6) The consent of the unborn child's mother to the abortion; or
- (7) A claim that the enforcement of § 39-15-221 or the imposition of civil liability against the defendant will violate the constitutional rights of third parties, except as provided by § 39-15-225.

(f)

(1) It is an affirmative defense if a person or entity sued under subdivision (a)(2) or (a)(3) reasonably believed, after conducting a reasonable investigation, that the individuals and organizations involved with performing or facilitating the abortion would comply with § 39-15-221.

(2) The defendant has the burden of proving an affirmative defense under subdivision (f)(1) by a preponderance of the evidence.

(g) This section shall not be construed to impose liability on any speech or conduct protected by the First Amendment of the United States Constitution, as made applicable to the states through the United States supreme court's interpretation of the Fourteenth Amendment of the United States Constitution, or by Article I, Section 19 of the Constitution of Tennessee.

(h)

(1) Notwithstanding another law, this state, a political subdivision of this state, a district attorney general or county attorney, and an executive or administrative officer or employee of this state or a political subdivision shall not:

(A) Act in concert or participation with a person who brings suit under this section;

(B) Establish or attempt to establish any type of agency or fiduciary relationship with a plaintiff who brings suit under this section;

(C) Make an attempt to control or influence a plaintiff's decision to bring suit under this section or the plaintiff's conduct of the litigation; or

(D) Intervene in an action brought under this section.

(2) This subsection (h) does not prohibit a person or entity described in subdivision (h)(1) from filing an amicus curiae brief in the action, as long as that person or entity does not act in concert or participation with the plaintiff or plaintiffs who bring suit under this section, or violate another provision of subdivision (h)(1).

(i)

(1) Notwithstanding another law, a court shall not award costs or attorney's fees to a defendant in an action brought under this section unless the court finds that the plaintiff's claim that the defendant violated subsection (a) is frivolous, malicious, or brought in bad faith.

(2) A court shall not find that an action brought under this section is frivolous, malicious, or brought in bad faith within the meaning of subdivision (i)(1) if the plaintiff:

(A) Reasonably believed that the defendant performed or induced an abortion in violation of § 39-15-221, engaged in conduct that aided or abetted the performance or inducement of such an abortion, or intended

to engage in such conduct, regardless of whether a previous court decision declared unconstitutional a requirement or provision of § 39-15-221; or

(B) Brings suit to seek the overruling of a previous court decision that pronounced unconstitutional a requirement or provision of § 39-15-221, or another law that regulates or restricts abortion.

(j) Notwithstanding another law, a civil action under this section is not subject to the Tennessee Public Participation Act, compiled in title 20, chapter 17, and is not subject to § 4-1-107.

(k) Notwithstanding another law, a civil action under this section may not be brought:

(1) Against the woman upon whom an abortion was performed or induced, or attempted to be performed or induced, in violation of § 39-15-221, or against a pregnant woman who intends or seeks to abort her unborn child in violation of § 39-15-221;

(2) Against a person or entity that performs, aids, or abets, or attempts to perform or aid or abet an abortion at the behest of federal agencies, contractors, or employees that are carrying out duties under federal law, if a prohibition on that abortion would violate the doctrines of preemption or intergovernmental immunity;

(3) Against a common carrier that transports a pregnant woman to an abortion provider, if the common carrier is unaware that the woman intends to abort her unborn child; or

(4) By a person who impregnated a woman seeking an abortion through an act of rape, sexual assault, or incest.

39-15-225. Civil liability - Defenses.

(a)

(1) A defendant against whom an action is brought under § 39-15-221 may assert an affirmative defense to liability under this section if:

(A) The defendant has standing to assert the rights of a woman or group of women seeking an abortion under the tests for third-party standing established by the supreme court of the United States; and

(B) The imposition of civil liability on the defendant will result in an undue burden on a woman or group of women seeking an abortion.

(2) The defendant bears the burden of proving the affirmative defense in subsection (a) by a preponderance of the evidence.

(b) The affirmative defense under subsection (a) is not available if the supreme court of the United States overrules *Roe v. Wade*, 410 U.S. 113 (1973), or *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), regardless of whether the conduct on which the cause of action is based under § 39-15-224 occurred before the supreme court overruled either of those decisions.

(c) Sections 39-15-220 – 39-15-228 do not limit or preclude a defendant from asserting the defendant's personal constitutional rights as a defense to liability under § 39-15-224, and a court shall not award relief under § 39-15-224 if the conduct for which the defendant has been sued was an exercise of state or federal constitutional rights that personally belong to the defendant.

(d) Sections 39-15-220 – 39-15-228 do not limit or preclude a defendant from asserting the unconstitutionality of any provision or application of §§ 39-15-220 – 39-15-228, or another provision of state law, as a defense to liability under § 39-15-224.

39-15-226. Civil liability - Venue.

(a) Notwithstanding another law, including title 20, chapter 4, a civil action brought under § 39-15-224 may be brought in:

(1) The county in which all or a substantial part of the events or omissions giving rise to the claim occurred;

(2) The county of residence for one (1) or more of the natural person defendants at the time the cause of action accrued;

(3) The county of the principal office in this state of one (1) or more of the defendants that is not a natural person; or

(4) The county of residence for the plaintiff if the plaintiff is a natural person residing in this state.

(b) If a civil action is brought under § 39-15-224 in one (1) of the venues described in subsection (a), then the action shall not be transferred to a different venue without the written consent of all parties.

39-15-227. Sovereign, governmental, and official immunity preserved - Limits on jurisdiction.

(a) Notwithstanding another law, this state has sovereign immunity, each political subdivision of this state has governmental immunity, and each officer and employee of this state or a political subdivision of this state has official immunity in an action, claim, counterclaim, or other type of legal or equitable action that challenges the validity of a provision or application of §§ 39-15-220 – 39-15-228, on constitutional grounds or otherwise, or that seeks to prevent or enjoin this state, a political subdivision of this state, or an officer or employee of this state or a political subdivision from enforcing a provision or application of §§ 39-15-220 – 39-15-228, unless that immunity has been abrogated or preempted by federal law in a manner consistent with the Constitution of the United States.

(b) Notwithstanding another law, another law of this state shall not be construed to waive or abrogate the immunity described in subsection (a) unless the provision expressly waives or abrogates immunity with specific reference to this section.

(c) Notwithstanding another law, an attorney representing this state, a political subdivision of this state, or an officer or employee of this state or a political subdivision is

not authorized or permitted to waive an immunity described in subsection (a) or take an action that would result in a waiver of that immunity.

(d) Notwithstanding another law, a court of this state does not have jurisdiction to consider an action, claim, or counterclaim that seeks declaratory or injunctive relief to prevent this state, a political subdivision of this state, an officer or employee of this state or a political subdivision, or another person from enforcing a provision or application of this part, or from filing a civil action under § 39-15-224.

(e) Sections 39-15-220 – 39-15-228 do not prevent a litigant from asserting the invalidity or unconstitutionality of a provision or application of §§ 39-15-220 – 39-15-228, or another provision of state law, as a defense to an action, claim, or counterclaim brought against that litigant.

39-15-228. Severability.

(a) Mindful of *Leavitt v. Jane L.*, 518 U.S. 137 (1996), in which in the context of determining the severability of a state statute regulating abortion the supreme court of the United States held that an explicit statement of legislative intent is controlling, it is the intent of the general assembly that every provision, section, subsection, subdivision, sentence, clause, phrase, or word in §§ 39-15-220 – 39-15-228, and every application of §§ 39-15-220 – 39-15-228 to every person, group of persons, or circumstance, are severable.

(b) If the application of any provision of §§ 39-15-220 – 39-15-228 to a person, group of persons, or circumstance is found by a court to be invalid, preempted, unconstitutional, or to impose an undue burden on a woman or group of women seeking an abortion, then the remaining applications of that provision to all other persons and circumstances are severed and preserved, and remain in effect. All constitutionally valid applications of the provisions in §§ 39-15-220 – 39-15-228, and every application of those provisions that can be enforced without imposing an undue burden on women seeking abortions, are severed from applications that a court finds to be invalid,

preempted, unconstitutional, or to impose an undue burden on women seeking abortions, and the valid applications remain in force, because it is the general assembly's intent and priority that every valid application be allowed to stand alone. Even if a reviewing court finds a provision of §§ 39-15-220 – 39-15-228 to impose an undue burden in a large or substantial fraction of relevant cases, the applications that do not present an undue burden are severed from the remaining applications and remain in force, and are treated as if the general assembly enacted a statute limited to the persons, group of persons, or circumstances for which the statute's application does not impose an undue burden.

(c) The general assembly further declares that it would have enacted §§ 39-15-220 – 39-15-228, and each provision, section, subsection, subdivision, sentence, clause, phrase, or word, and all constitutional applications of the provisions of §§ 39-15-220 – 39-15-228, irrespective of the fact that any provision, section, subsection, subdivision, sentence, clause, phrase, word, or applications of §§ 39-15-220 – 39-15-228 were to be declared invalid, preempted, unconstitutional, or to impose an undue burden.

(d) If any provision of §§ 39-15-220 – 39-15-228 is found by a court to be unconstitutionally vague, then the applications of that provision that do not present constitutional vagueness problems are severed and remain in force, consistent with the severability requirements of subsections (a)–(c).

(e) A court shall not decline to enforce the severability requirements of subsections (a)–(d) on the grounds that severance would rewrite the statute or involve the court in legislative or lawmaking activity. A court that declines to enforce or enjoin a state official from enforcing a statutory provision does not rewrite a statute, as the statute continues to contain the same words as before the court's decision. A judicial injunction or declaration of unconstitutionality:

(1) Is nothing more than an edict prohibiting enforcement that may subsequently be vacated by a later court if that court has a different

understanding of the requirements of the Constitution of Tennessee or United States Constitution;

(2) Is not a formal amendment of the language in a statute; and

(3) No more rewrites a statute than a decision by the executive branch not to enforce a duly enacted statute in a limited and defined set of circumstances.

(f) If a state or federal court disregards the severability requirements of subsections (a)–(e), and declares or finds a provision of §§ 39-15-220 – 39-15-228 facially unconstitutional, when there are discrete applications of that provision that can be enforced against a person, group of persons, or circumstance without violating federal law, the federal or state constitutions, or imposing an undue burden on women seeking abortions, then the court shall interpret that provision, as a matter of state law, as if the general assembly enacted a provision limited to the persons, group of persons, or circumstances for which the provision's application will not violate federal law, the federal or state constitutions, or impose an undue burden on women seeking abortions, and every court shall adopt this saving construction of that provision until the court ruling that pronounced the provision facially unconstitutional is vacated or overruled.

(g)

(1) If § 39-15-213 takes effect and is enforceable, then except as provided in subdivisions (g)(2) and (3), §§ 39-15-220 – 39-15-228 are repealed and remain unenforceable while § 39-15-213 remains in effect and enforceable.

(2) If, after taking effect, § 39-15-213 is rendered wholly unenforceable by a court, then §§ 39-15-220 – 39-15-228 are revived and enforceable on the thirtieth day following the date § 39-15-213 is rendered wholly unenforceable, and remain in effect and enforceable until such time that § 39-15-213 again becomes effective and enforceable.

(3) The repeal or unenforceability of §§ 39-15-220 – 39-15-228 pursuant to subdivision (g)(1) does not affect the validity of a civil action filed pursuant to § 39-15-224 that alleges a violation of § 39-15-221 during the period of time that §§ 39-15-220 – 39-15-228 were in effect and enforceable.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2169*

House Bill No. 2778

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Family member" means a spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted child, or spouse's parent; and

(2) "Patient representative" means a family member or another individual, chosen by a hospital patient, to act on behalf of the patient in order to support the patient in decision-making; access medical, social, or other personal information for or from the hospital; manage financial matters; or receive notifications.

(b) Notwithstanding another law to the contrary, a hospital shall not restrict a patient from having at least one (1) patient representative present in the hospital so long as the patient representative:

(1) Agrees to follow all safety protocols established by the hospital, which must be clearly specified in writing and be no more restrictive than protocols applicable to staff of the hospital; and

(2) Would not by their presence in the hospital cause the hospital to violate any federal or state law, rule, or guidance regulating that hospital.

(c) This section does not apply to a patient in an intensive care unit.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.



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House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 2295*

House Bill No. 2545

by deleting SECTION 7 and SECTION 8 and substituting:

SECTION 7. The board of nursing shall promulgate rules to effectuate this act no later than January 1, 2023. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 8.

(a) Section 1 of this act takes effect January 1, 2023, the public welfare requiring it.

(b) All other sections of this act take effect upon becoming a law, the public welfare requiring it.



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House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 980

House Bill No. 686*

by deleting the effective date section and substituting the following:

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2240*

House Bill No. 2335

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 53-11-311, is amended by deleting subdivision (h)(2)(M).

SECTION 2. Tennessee Code Annotated, Section 63-1-155, is amended by adding the following as a new subsection:

A healthcare provider who is authorized to prescribe buprenorphine under federal law shall not prescribe via telehealth a buprenorphine product, as approved by the federal food and drug administration for use in recovery or medication-assisted treatment, unless:

(1) The healthcare provider is employed by or contracted with:

(A) A licensed nonresidential office-based opiate treatment facility or licensed nonresidential opioid treatment program, as defined in § 33-2-402;

(B) A community mental health center, as defined in § 33-1-101;

(C) A federally qualified health center, as defined in § 63-10-601;

(D) A hospital licensed under title 68 or 33; or

(E) The bureau of TennCare's comprehensive enhanced buprenorphine treatment network; and

(2) The delivery of telehealth is being provided on behalf of the entity that employs or contracts with the provider.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.



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015875

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1859*

House Bill No. 1999

by deleting all language after the caption and substituting:

WHEREAS, the General Assembly finds that thousands of Tennesseans are blind and visually impaired as the result of disease, accident, injuries sustained in the service of our country, genetic causes, or congenital defects; and

WHEREAS, the General Assembly further finds that blind Tennesseans have contributed in no small manner to the prosperity and welfare of the State of Tennessee in the practice of various professions, in the arts, in business, in the sciences, as teachers and instructors, and as parents and caregivers to countless children in this State; and

WHEREAS, the General Assembly further finds and concludes that many blind Tennesseans have limited access to accessible prescription labels; and

WHEREAS, it is the policy of the State of Tennessee to foster the health and preservation of people with disabilities; and

WHEREAS, the General Assembly encourages easy access for blind Tennesseans in both urban and rural settings to prescription information and other related medical information; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-10-304, is amended by adding the following new subsection:

(k) The board of pharmacy shall promulgate rules necessary to ensure that an individual who is blind, visually impaired, or otherwise print disabled has appropriate access to prescription labels, bag tags, and medical guides.



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SECTION 2: This act takes effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2043*

House Bill No. 2565

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 1, Part 1, is amended by adding the following as a new section:

(a) As allowed via federal department of agriculture waiver of the physical presence requirement in 42 U.S.C. § 1786(d)(3)(C), the department of health may utilize remote use of the special supplemental food program for women, infants, and children at a substantially similar level as has been available during calendar years 2020, 2021, and 2022. The department may promote remote use options and educate eligible recipients about remote use.

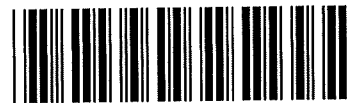
(b) The department of health shall conduct a review of remote use of the special supplemental food program for women, infants, and children and deliver a report to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives no later than December 15, 2022. The report must include information on best practices, resources, and communications utilized during the remote use period.

(c) As used in this section, "remote use" means effectuating the requirements of the special supplemental nutrition program for women, infants, and children via telephone, audio video equipment, or similar technology.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.



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House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2466

House Bill No. 2500*

by deleting all language after the enacting clause and substituting:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 4-3-1016(d)(73), is amended by deleting "Health services and development agency fund" and substituting "Health facilities commission fund".

SECTION 2. Tennessee Code Annotated, Section 4-29-245(a)(16), is amended by deleting "Health services and development agency" and substituting "Health facilities commission".

SECTION 3. Tennessee Code Annotated, Title 68, Chapter 11, Part 16, is amended by adding the following as a new section:

All administrative rules in effect on the effective date of this act that were promulgated by the board for licensing healthcare facilities while attached to the department of health are transferred to the health facilities commission on the effective date of this act.

SECTION 4. Tennessee Code Annotated, Section 33-2-403(b)(8), is amended by deleting "department of health" wherever it appears and substituting "health facilities commission".

SECTION 5. Tennessee Code Annotated, Section 63-6-221(a), is amended by deleting "department of health" wherever it appears and substituting "health facilities commission".



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SECTION 6. Tennessee Code Annotated, Section 63-6-221(h), is amended by deleting "department of health" and substituting "health facilities commission"; and deleting "department" wherever it appears and substituting "commission".

SECTION 7. Tennessee Code Annotated, Section 63-6-221(i), is amended by deleting "department" and substituting "health facilities commission"; and deleting "department's" wherever it appears and substituting "commission's".

SECTION 8. Tennessee Code Annotated, Section 63-6-221(j), is amended by deleting "department staff" and substituting "health facilities commission staff".

SECTION 9. Tennessee Code Annotated, Section 63-6-221(k), is amended by deleting "department" and substituting "health facilities commission".

SECTION 10. Tennessee Code Annotated, Section 63-6-221(l), is amended by deleting "department of health" wherever it appears and substituting "health facilities commission"; by deleting "commissioner of health" and substituting "executive director of the health facilities commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 11. Tennessee Code Annotated, Section 63-9-112(f), is amended by deleting "department of health's division of health care facilities" and substituting "health facilities commission".

SECTION 12. Tennessee Code Annotated, Section 63-9-117(a), is amended by deleting "department of health" wherever it appears and substituting "health facilities commission".

SECTION 13. Tennessee Code Annotated, Section 63-9-117(h), is amended by deleting "department of health" and substituting "health facilities commission"; and deleting "department" wherever it appears and substituting "commission".

SECTION 14. Tennessee Code Annotated, Section 63-9-117(i), is amended by deleting "department" and substituting "health facilities commission"; and deleting "department's" wherever it appears and substituting "commission's".

SECTION 15. Tennessee Code Annotated, Section 63-9-117(j), is amended by deleting "department staff" and substituting "health facilities commission staff".

SECTION 16. Tennessee Code Annotated, Section 63-9-117(k), is amended by deleting "department" and substituting "health facilities commission".

SECTION 17. Tennessee Code Annotated, Section 63-9-117(l), is amended by deleting "department of health" wherever it appears and substituting "health facilities commission"; by deleting "commissioner of health" and substituting "executive director of the health facilities commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 18. Tennessee Code Annotated, Section 68-1-119, is amended by deleting "commissioner of health" and substituting "executive director of the health facilities commission"; by deleting "department of health" wherever it appears and substituting "health facilities commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 19. Tennessee Code Annotated, Section 68-11-201, is amended by adding the following as new subdivisions:

() "Executive director" means the executive director of the health facilities commission;

() "Health facilities commission" or "commission" means the health facilities commission created by § 68-11-1604;

SECTION 20. Tennessee Code Annotated, Section 68-11-201(5)(A), is amended by deleting "department" and substituting "commission".

SECTION 21. Tennessee Code Annotated, Section 68-11-201(17)(D), is amended by deleting "provided, that the department adopts" and substituting "provided, that the commission adopts"; by deleting "the department shall rely" and substituting "the commission shall rely"; and by deleting "the survey by the department" and substituting "the survey by the commission".

SECTION 22. Tennessee Code Annotated, Section 68-11-201(31)(A), is amended by deleting "commissioner of health" and substituting "executive director of the health facilities commission"; and by deleting "commissioner" and substituting "executive director".

SECTION 23. Tennessee Code Annotated, Section 68-11-201(31)(B), is amended by deleting "reported to the department of health" and substituting "reported to the commission".

SECTION 24. Tennessee Code Annotated, Section 68-11-202, is amended by deleting the section and substituting:

(a)

(1) The commission is empowered to license and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV supportive living facilities, assisted-care living facilities, home care organizations, residential hospices, birthing centers, prescribed child care centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential homes.

(2) The commission shall accomplish licensing and regulation through the board for licensing healthcare facilities to be created in the manner provided in this part and other employees as are provided for in this part.

(b)

(1)

(A) The commission has the authority to conduct reviews of all facilities licensed under this part in order to determine compliance with fire and life safety code rules as promulgated by the board.

(B) Chapter 102 of this title does not apply to facilities subject to review and licensure under this part.

(C) The board has the power to adopt fire and life safety code rules to be applied to facilities licensed under this part.

(D) In adopting the rules, the board may in its discretion adopt, in whole or in part, by reference, recognized national or regional building and fire safety codes.

(E) Adult care homes and traumatic brain injury residential homes shall meet all state and local building, sanitation, utility, and fire code requirements applicable to single family dwellings. The board may adopt in rules more stringent standards as the board deems necessary in order to ensure the health and safety, including adequate evacuation, of residents consistent with this part. As used in this section, "adequate evacuation" means the ability of the adult care home provider, traumatic brain injury residential home provider, resident manager, or substitute caregiver, including additional minimum staff as may be required by the board by rule in accordance with this part, to evacuate all residents from the dwelling within five (5) minutes. Adult care home providers and traumatic brain injury residential home providers shall install smoke detectors in all resident bedrooms, hallways, or access areas that adjoin bedrooms, and common areas where residents congregate, including living or family rooms and kitchens. In addition, in multi-level homes, smoke alarms must be installed at the top of stairways. At least one (1) fire extinguisher with a minimum classification as specified by the board must be in a visible and readily accessible location in each room, including basements, and be checked at least once a year by a qualified entity. Adult care home providers and traumatic brain injury residential home providers shall not place residents who are unable to walk without assistance or who are incapable of independent evacuation in a basement, split-level, second story, or other area that does not have an exit at ground level. There must be a second safe means of exit from all

sleeping rooms. Providers whose sleeping rooms are above the first floor shall demonstrate an evacuation drill from that room, using the secondary exit, at the time of licensure, renewal, or inspection.

(2) The board, in its evaluation of prospective rules, shall consider recommendations and professional assessments from the Tennessee society of architects and the Tennessee society of professional engineers.

(3) If rules adopted by the board are not consistent with federal regulations for facilities participating in Titles XVIII of the federal Social Security Act (42 U.S.C. § 1395 et seq.), and XIX of the federal Social Security Act (42 U.S.C. § 1396 et seq.), then the commission shall request appropriate waivers from the federal government for facilities previously deemed in compliance.

(4) Until the board adopts building and fire safety rules pursuant to this section, the codes and rules in effect on July 1, 1981, apply to those facilities licensed under this part. A facility that complies with the required applicable building and fire safety regulations at the time the board adopts new codes or rules is, as long as compliance is maintained, either with or without waivers of specific provisions, considered to be in compliance with the new codes or rules.

(5)

(A) The commissioner of commerce and insurance or executive director of the health facilities commission shall review subsequently adopted codes and may recommend to the board for adoption provisions of such codes that the commissioner or executive director deems material to the life and fire safety of residents and patients.

(B) Subdivision (b)(5)(A) applies to all appropriate facilities in the respective provider categories, including, but not limited to, nursing homes, hospitals, homes for the aged, residential HIV supportive living facilities, adult care homes, and traumatic brain injury residential homes.

(6) This section does not affect the authority of the state fire marshal regarding the prevention and investigation of fires pursuant to chapter 102 of this title.

(7) The building and life safety rules adopted by the board are the exclusive rules applicable for those purposes. To the extent that regulations adopted by local governments conflict with the rules adopted by the board, the board's rules control.

(c)

(1) If construction is planned by a facility required to be licensed by the commission, except home care organizations as defined in § 68-11-201, for a building, additions to an existing building, or substantial alterations to an existing building, then two (2) sets of plans and specifications must be submitted to the commission to be approved. However, only one (1) set of schematics must be submitted to the commission for approval of plans and specifications converting an existing single-family dwelling into a:

(A) Licensed residential healthcare facility with six (6) or fewer beds;

(B) Licensed adult care home with five (5) or fewer residents; or

(C) Traumatic brain injury residential home with eight (8) or fewer residents.

(2) Before construction begins, approval of the plans and specifications must be obtained from the commission with respect to compliance with the minimum standards or rules, or both, of the board.

(3) The board may determine by rule specific types of site activity that may be initiated prior to approval.

(4) The plans must be accurate and detailed, containing the information, and drafted and submitted in a manner, that the board may require by rule.

(5) The commission shall expeditiously process its review of plans that have been submitted in the full and final form required by rule.

(6) At the request of the owner of the proposed project or the design professional, the commission shall make plan review staff available for advice and consultation regarding programmatic concepts and preliminary plans early in the planning process.

(7) The commission shall assign adequate numbers of qualified staff to the plan review section to ensure that a thirty-day review cycle is provided on a submittal.

(8) If, upon final inspection or reinspection of the completed project, the commission's representative finds that only minor items remain to be completed or corrected that do not significantly affect the health or safety of the occupants, then the commission's representative shall permit occupancy pending completion or correction of those items.

(d) Standards adopted by the board regarding accessibility by the handicapped must be no less strict than those in chapter 120 of this title.

(e)

(1) This subsection (e):

(A) Establishes the criteria for the creation of branch offices by a home care organization operating pursuant to its certificate of need authority or pursuant to its license as of May 11, 1998; and

(B) Does not permit a home care organization to expand its authority beyond the limitations of its certificate of need or its license as of May 11, 1998.

(2) Notwithstanding this section to the contrary, the offices of a home care organization providing home health services must be classified as either a parent office of the home care organization or as a branch office of the home

care organization. In determining whether the office of a home care organization providing home health services is either a parent home care organization or a branch office, the board shall apply the following criteria:

(A) A parent office shall develop and maintain administrative controls of the branch office and house the administrative functions of the home care organization. The parent office is ultimately responsible for human resource activities and all financial and contractual agreements for the home care organization, including both parent and branch offices;

(B) The administrator and director of nursing for the home care organization shall be primarily located in the parent office. The home care organization administrator and director of nursing shall make on-site supervisory visits to each branch office at least quarterly;

(C) A branch office is an office that provides services within the geographical area for which the home care organization is licensed. A branch office must be sufficiently close to share administrative services with the parent office. A branch office is deemed to be sufficiently close if it is within one hundred (100) miles of the parent office; provided, that the remaining criteria set forth in this subsection (e) also apply. A branch office that is greater than one hundred (100) miles from a parent office may be considered a branch office by the board, if it otherwise meets the criteria set forth in this subsection (e);

(D) The parent office of a home care organization shall have a clearly defined process to ensure that effective interchange occurs between the parent and branch regarding various functions, including branch staffing requirements, branch office patient census, total visits provided by the branch, complaints, incident reports, and referrals;

(E) The branch office of a home care organization shall maintain the same name and standards of practice as the parent office of the home care organization, including forms, policies, procedures, and service delivery standards. The parent office of a home care organization shall maintain documentation of integration between the parent office and its branch offices;

(F) The parent office of a home care organization shall maintain regular administrative contact with its branch offices at least weekly. The parent office shall maintain documentation of this contact. The parent office must receive weekly written staffing reports from its branch offices, including information regarding staffing needs, staffing patterns, and staff productivity; and

(G) A branch office of a home care organization existing as of May 11, 1998, that is more than one hundred (100) miles from the parent office of the home care organization and that has been previously approved as a branch office by the board may continue to be classified as a branch office if it otherwise meets the criteria set forth in this subsection (e).

(f)

(1) In a gastrointestinal endoscopy clinic that is regulated as an ambulatory surgical treatment center that performs endoscopic procedures, the use of an endoscopy technician, without other technicians, to assist a physician performing an endoscopic procedure in the clinic is deemed to be sufficient staffing for the procedure.

(2) For the purposes of this subsection (f), an endoscopy technician is a person who is trained to function in an assistive role in a gastroenterology setting. An endoscopy technician's scope of practice includes:

(A) Assisting in data collection to identify the patient's needs, problems, concerns, or human responses;

(B) Assisting, under the direction of the gastroenterology registered nurse and physician, in the implementation of the established plan of care;

(C) Assisting the gastroenterology registered nurse and physician before, during, and after diagnostic and therapeutic procedures;

(D) Providing and maintaining a safe environment for the patient and staff by complying with regulatory agency requirements and standards set forth by professional organizations and employers;

(E) Taking responsibility for personal continuing education;

(F) Having knowledge of practice issues related to the field of gastroenterology;

(G) Compliance with ethical, professional, and legal standards inherent to in-patient care and professional conduct;

(H) Participating in quality management activities as directed; and

(I) Collaborating within the gastroenterology team and with other healthcare professionals to ensure quality and continuity of care.

(g)

(1) An ambulatory surgical treatment center shall provide radiological staff services commensurate with the needs of the center within the facility or by means of other appropriate arrangement.

(2) If radiologic services are utilized by an ambulatory surgical treatment center, then the governing body of the center shall appoint an individual who is responsible for assuring that all radiologic services are provided in accordance with applicable laws and rules. The individual must be qualified in accordance with state law and the policies of the center.

(h) Notwithstanding a law to the contrary, the board has the authority to amend the board's rules for licensure of a board-regulated facility or entity as needed to be consistent with the federal home-based and community-based settings final rule, published in the Federal Register at 79 FR 2947 (January 16, 2014), including the authority to differentiate licensure requirements for a board-regulated facility or entity contracted to provide medicaid-reimbursed home- and community-based services pursuant to title 71, chapter 5, part 14, in order to allow the facility or entity to comply with the federal rule and continue to receive medicaid reimbursement for home- and community-based services. Rules adopted by the board under this subsection (h) must be developed with input from stakeholders and promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5; except that the board shall not promulgate emergency rules under this subsection (h) as defined in § 4-5-208. Licensure survey and enforcement must be conducted in a manner consistent with a rule issued under this subsection (h).

SECTION 25. Tennessee Code Annotated, Section 68-11-203(b)(1), is amended by deleting "commissioner" and substituting "executive director".

SECTION 26. Tennessee Code Annotated, Section 68-11-204(c), is amended by deleting "licensed by the department" and substituting "licensed by the commission".

SECTION 27. Tennessee Code Annotated, Section 68-11-206(a), is amended by deleting "license from the department" and substituting "license from the commission".

SECTION 28. Tennessee Code Annotated, Section 68-11-206(a)(1), is amended by deleting "prepared by the department" and substituting "prepared by the commission".

SECTION 29. Tennessee Code Annotated, Section 68-11-206(a)(1)(G), is amended by deleting "department" and substituting "commission".

SECTION 30. Tennessee Code Annotated, Section 68-11-206(a)(7), is amended by deleting "issued by the department" and substituting "issued by the commission".

SECTION 31. Tennessee Code Annotated, Section 68-11-207(a)(1), is amended by deleting "department" and substituting "commission".

SECTION 32. Tennessee Code Annotated, Section 68-11-207(f)(3)(C), is amended by deleting "department" and substituting "commission".

SECTION 33. Tennessee Code Annotated, Section 68-11-207(i), is amended by deleting "department" and substituting "commission".

SECTION 34. Tennessee Code Annotated, Section 68-11-208(a), is amended by deleting "department or board" and substituting "commission or board".

SECTION 35. Tennessee Code Annotated, Section 68-11-210(a), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 36. Tennessee Code Annotated, Section 68-11-210(b), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 37. Tennessee Code Annotated, Section 68-11-210(c)(1), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 38. Tennessee Code Annotated, Section 68-11-210(c)(3)(D), is amended by deleting "department" and substituting "commission".

SECTION 39. Tennessee Code Annotated, Section 68-11-210(c)(3)(E), is amended by deleting "department" and substituting "commission".

SECTION 40. Tennessee Code Annotated, Section 68-11-210(c)(4), is amended by deleting "department" and substituting "commission".

SECTION 41. Tennessee Code Annotated, Section 68-11-210(c)(5), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 42. Tennessee Code Annotated, Section 68-11-210(d), is amended by deleting "The department shall" and substituting "The commission shall".

SECTION 43. Tennessee Code Annotated, Section 68-11-210(e), is amended by deleting "department of health" and substituting "health facilities commission"; by deleting "the commissioner of health" and substituting "the executive director of the health facilities

commission"; and by deleting "The commissioner shall" and substituting "The executive director shall".

SECTION 44. Tennessee Code Annotated, Section 68-11-210(f)(1), is amended by deleting "the department shall" and substituting "the commission shall".

SECTION 45. Tennessee Code Annotated, Section 68-11-211, is amended by deleting subdivisions (a)(3) and (a)(4).

SECTION 46. Tennessee Code Annotated, Section 68-11-211(b), is amended by deleting "department" and substituting "commission".

SECTION 47. Tennessee Code Annotated, Section 68-11-211(c), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 48. Tennessee Code Annotated, Section 68-11-211(f), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 49. Tennessee Code Annotated, Section 68-11-211(g), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 50. Tennessee Code Annotated, Section 68-11-213, is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 51. Tennessee Code Annotated, Section 68-11-214, is amended by deleting "department" wherever it appears and substituting "commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 52. Tennessee Code Annotated, Section 68-11-215(a), is amended by deleting the subsection and substituting:

(a) The department of human resources shall fix the salaries of all employees upon the advice of the executive director.

SECTION 53. Tennessee Code Annotated, Section 68-11-215(d), is amended by deleting "budget of the department" and substituting "budget of the commission".

SECTION 54. Tennessee Code Annotated, Section 68-11-216(a)(2), is amended by deleting "department" and substituting "commission".

SECTION 55. Tennessee Code Annotated, Section 68-11-216(a)(5), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 56. Tennessee Code Annotated, Section 68-11-216(b), is amended by deleting "department" wherever it appears and substituting "commission"; and by deleting "commissioner" and substituting "executive director".

SECTION 57. Tennessee Code Annotated, Section 68-11-219(g), is amended by deleting "commissioner" and substituting "executive director".

SECTION 58. Tennessee Code Annotated, Section 68-11-221, is amended by deleting "department" wherever it appears and substituting "commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 59. Tennessee Code Annotated, Section 68-11-222(b), is amended by deleting "department of health" and substituting "department of health and the health facilities commission".

SECTION 60. Tennessee Code Annotated, Section 68-11-223, is amended by deleting "department" wherever it appears and substituting "commission"; and by deleting "departmental regulations" and substituting "the commission's rules".

SECTION 61. Tennessee Code Annotated, Section 68-11-225(c)(1), is amended by deleting "department" wherever it appears and substituting "commission".

SECTION 62. Tennessee Code Annotated, Section 68-11-235(i), is amended by deleting "health services and development agency" and substituting "health facilities commission".

SECTION 63. Tennessee Code Annotated, Section 68-11-235(j), is amended by deleting "the department of health shall not issue a license" and substituting "the health facilities commission shall not issue a license".

SECTION 64. Tennessee Code Annotated, Section 68-11-236(h), is amended by deleting "the department of health shall not issue a license" and substituting "the health facilities commission shall not issue a license".

SECTION 65. Tennessee Code Annotated, Section 68-11-237(h), is amended by deleting "the department of health shall not issue a license" and substituting "the health facilities commission shall not issue a license".

SECTION 66. Tennessee Code Annotated, Section 68-11-237(l), is amended by deleting "department of health" and substituting "health facilities commission"; and by deleting "department may" and substituting "commission may".

SECTION 67. Tennessee Code Annotated, Section 68-11-239(g), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 68. Tennessee Code Annotated, Section 68-11-251(d), is amended by deleting "department" and substituting "health facilities commission".

SECTION 69. Tennessee Code Annotated, Section 68-11-252, is amended by deleting "commissioner" wherever it appears and substituting "executive director"; by deleting "commissioner's" wherever it appears and substituting "executive director's"; by deleting "department" wherever it appears and substituting "commission"; and by deleting "department's" wherever it appears and substituting "commission's".

SECTION 70. Tennessee Code Annotated, Section 68-11-310(a)(1), is amended by deleting "licensed by the department of health" and substituting "licensed by the health facilities commission".

SECTION 71. Tennessee Code Annotated, Section 68-11-702(a), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 72. Tennessee Code Annotated, Section 68-11-801, is amended by deleting "commissioner of health" and substituting "executive director of the health facilities commission"; and by deleting "commissioner" wherever it appears and substituting "executive director".

SECTION 73. Tennessee Code Annotated, Section 68-11-802(a), is amended by deleting "the commissioner finds" and substituting "the executive director of the health facilities

commission finds"; and by deleting "the commissioner has" and substituting "the executive director has".

SECTION 74. Tennessee Code Annotated, Section 68-11-803, is amended by deleting "department" wherever it appears and substituting "health facilities commission".

SECTION 75. Tennessee Code Annotated, Section 68-11-804, is amended by deleting "department" wherever it appears and substituting "health facilities commission"; by deleting "Department" wherever it appears and substituting "Health facilities commission"; and by deleting "commissioner" and substituting "executive director of the health facilities commission".

SECTION 76. Tennessee Code Annotated, Section 68-11-806, is amended by deleting "department" wherever it appears and substituting "health facilities commission".

SECTION 77. Tennessee Code Annotated, Section 68-11-812, is amended by deleting "department" wherever it appears and substituting "health facilities commission"; and by deleting "commissioner" and substituting "executive director of the health facilities commission".

SECTION 78. Tennessee Code Annotated, Section 68-11-813(a), is amended by deleting "commissioner in the commissioner's" and substituting "executive director of the health facilities commission in the executive director's".

SECTION 79. Tennessee Code Annotated, Section 68-11-813(b), is amended by deleting "commissioner" and substituting "executive director"; by deleting "commissioner's" wherever it appears and substituting "executive director's"; and by deleting "department" and substituting "health facilities commission".

SECTION 80. Tennessee Code Annotated, Section 68-11-814, is amended by deleting "department" wherever it appears and substituting "health facilities commission".

SECTION 81. Tennessee Code Annotated, Section 68-11-815(b)(1), is amended by deleting "the department elect" and substituting "the health facilities commission elect"; and by deleting "the department shall" and substituting "the commission shall".

SECTION 82. Tennessee Code Annotated, Section 68-11-815(c)(3), is amended by deleting "department or require the department" and substituting "the health facilities commission or require the commission".

SECTION 83 Tennessee Code Annotated, Section 68-11-816(a), is amended by deleting "department's" and substituting "health facilities commission's"; by deleting "commissioner's" and substituting "health facilities commission executive director's"; and by deleting "department" and substituting "health facilities commission".

SECTION 84. Tennessee Code Annotated, Section 68-11-816(b), is amended by deleting "department's" and substituting "health facilities commission's".

SECTION 85. Tennessee Code Annotated, Section 68-11-820(c), is amended by deleting "department" and substituting "health facilities commission"; and by deleting "commissioner's" and substituting "health facilities commission executive director's".

SECTION 86. Tennessee Code Annotated, Section 68-11-826(c), is amended by deleting "commissioner" and substituting "executive director of the health facilities commission"; and by deleting "department of health" and substituting "health facilities commission".

SECTION 87. Tennessee Code Annotated, Section 68-11-827, is amended by deleting "commissioner" and substituting "executive director of the health facilities commission"; and by deleting "department" and substituting "health facilities commission".

SECTION 88. Tennessee Code Annotated, Section 68-11-829(a), is amended by deleting "commissioner" and substituting "executive director of the health facilities commission".

SECTION 89. Tennessee Code Annotated, Section 68-11-830, is amended by deleting "commissioner of health" wherever it appears and substituting "executive director of the health facilities commission".

SECTION 90. Tennessee Code Annotated, Section 68-11-830(d)(3), is amended by deleting "the commissioner is" and substituting "the executive director is".

SECTION 91. Tennessee Code Annotated, Section 68-11-830(6)(C), is amended by deleting "the board or commissioner" and substituting "the board or executive director"; and by

deleting "hearing before the commissioner or the commissioner's designee" and substituting "hearing before the executive director or the executive director's designee."

SECTION 92. Tennessee Code Annotated, Section 68-11-831, is amended by deleting "department" wherever it appears and substituting "health facilities commission".

SECTION 93. Tennessee Code Annotated, Section 68-11-832, is amended by deleting "commissioner" wherever it appears and substituting "executive director of the health facilities commission"; and by deleting "department" and substituting "health facilities commission".

SECTION 94. Tennessee Code Annotated, Section 68-11-902(b)(5), is amended by deleting "department" and substituting "health facilities commission".

SECTION 95. Tennessee Code Annotated, Section 68-11-904(a), is amended by deleting "department" and substituting "health facilities commission".

SECTION 96. Tennessee Code Annotated, Section 68-11-908(b)(1), is amended by deleting "department" and substituting "health facilities commission".

SECTION 97. Tennessee Code Annotated, Section 68-11-909, is amended by deleting "commissioner" and substituting "executive director of the health facilities commission"; and by deleting "department" and substituting "health facilities commission".

SECTION 98. Tennessee Code Annotated, Section 68-11-910(a)(5), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 99. Tennessee Code Annotated, Section 68-11-1001(a), is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 100 Tennessee Code Annotated, Section 68-11-1001(c), is amended by deleting "department" and substituting "health facilities commission".

SECTION 101. Tennessee Code Annotated, Section 68-11-1003, is amended by deleting "department of health" wherever it appears and substituting "health facilities commission"; by deleting "department" wherever it appears and substituting "commission"; by deleting "commissioner" wherever it appears and substituting "executive director of the health

facilities commission"; and by deleting "commissioner's" wherever it appears and substituting "executive director's".

SECTION 102. Tennessee Code Annotated, Section 68-11-1005(a), is amended by deleting "department" and substituting "health facilities commission".

SECTION 103. Tennessee Code Annotated, Section 68-11-1006, is amended by deleting "commissioner of health" and substituting "executive director of the health facilities commission".

SECTION 104. Tennessee Code Annotated, Section 68-11-1602(2), is amended by deleting "health services and development agency" and substituting "health facilities commission".

SECTION 105. Tennessee Code Annotated, Section 68-11-1602(3), is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 106. Tennessee Code Annotated, Section 68-11-1602(5), is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 107. Tennessee Code Annotated, Section 68-11-1602(10), is amended by deleting "by the department" and substituting "by the commission".

SECTION 108. Tennessee Code Annotated, Section 68-11-1602(11), is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 109. Tennessee Code Annotated, Section 68-11-1602(12), is amended by deleting "agency" and substituting "commission".

SECTION 110. Tennessee Code Annotated, Section 68-11-1602(13), is amended by deleting "agency" and substituting "commission".

SECTION 111. Tennessee Code Annotated, Section 68-11-1602(1), is amended by deleting the subdivision and redesignating the remaining subdivisions accordingly.

SECTION 112. Tennessee Code Annotated, Section 68-11-1602, is amended by adding the following as new subdivisions:

() "Board" means the board for licensing healthcare facilities;

() "Health facilities commission" and "commission" mean the commission created by this part to develop the criteria and standards to guide the commission when issuing certificates of need; to conduct studies related to health care, including needs assessments; to administer the certificate of need program and related activities; and to license and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV supportive living facilities, assisted-care living facilities, home care organizations, residential hospices, birthing centers, prescribed child care centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential homes;

SECTION 113. Tennessee Code Annotated, Section 68-11-1604(a), is amended by deleting the subsection and substituting:

(a) There is created a health facilities commission that has jurisdiction and powers relating to the certificate of need program; the development of the criteria and standards to guide the commission when issuing certificates of need; conducting of studies related to health care, which must include a needs assessment; related reporting of healthcare institutions subject to this chapter; management and oversight of the staff of the board for licensing healthcare facilities; and the licensing and regulation of healthcare facilities through the board for licensing healthcare facilities, as described in § 68-11-202.

SECTION 114. Tennessee Code Annotated, Section 68-11-1604(b), is amended by deleting "health services and development agency" and substituting "health facilities commission"; and by deleting "agency" wherever it appears and substituting "commission".

SECTION 115. Tennessee Code Annotated, Section 68-11-1604(c), is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 116. Tennessee Code Annotated, Section 68-11-1604(d), is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 117. Tennessee Code Annotated, Section 68-11-1604(e), is amended by deleting "the agency" wherever it appears and substituting "the commission".

SECTION 118. Tennessee Code Annotated, Section 68-11-1604(e)(4), is amended by deleting "of agency members" and substituting "of commission members".

SECTION 119. Tennessee Code Annotated, Section 68-11-1604(e)(6), is amended by deleting "The agency shall" and substituting "The commission shall".

SECTION 120. Tennessee Code Annotated, Section 68-11-1604(e)(7), is amended by deleting "All agency members" and substituting "All commission members".

SECTION 121. Tennessee Code Annotated, Section 68-11-1605, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 122. Tennessee Code Annotated, Section 68-11-1606, is amended by deleting "An agency" wherever it appears and substituting "A commission".

SECTION 123. Tennessee Code Annotated, Section 68-11-1606(b), is amended by deleting the subsection and substituting:

(b) The executive director is the chief administrative officer of the commission, exercising general supervision over all persons employed by the commission. The commission's staff is subject to personnel rules and policies that are applicable to state employees in general, including leave, compensation, classification, and travel rules and policies. The commission shall fix the salary of the executive director. The commission has the sole authority to appoint, terminate, and control the work of the executive director. The commission and the executive director have the exclusive authority to appoint, terminate, and control staff employees. The commission's employees, except for public health nursing consultants, fire and building code inspectors, and facilities construction specialists, are executive service and serve at the pleasure of the executive director.

SECTION 124. Tennessee Code Annotated, Section 68-11-1606(c)(9), is amended by deleting "agency's" and substituting "commission's".

SECTION 125. Tennessee Code Annotated, Section 68-11-1606(c), is amended by adding the following as a new subdivision:

() Management and oversight of the staff of the board for licensing healthcare facilities and of the licensing and regulation activities of the board, as described in § 68-11-202;

SECTION 126. Tennessee Code Annotated, Section 68-11-1606(h)(2), is amended by deleting "Agency" and substituting "Commission".

SECTION 127. Tennessee Code Annotated, Section 68-11-1606(h)(3), is amended by deleting "an agency" and substituting "a commission".

SECTION 128. Tennessee Code Annotated, Section 68-11-1606, is amended by deleting "agency" wherever it appears and substituting the word "commission".

SECTION 129. Tennessee Code Annotated, Section 68-11-1607, is amended by deleting the section and substituting:

(a) A person shall not perform the following actions in this state, except after applying for and receiving a certificate of need for the action:

(1) The construction, development, or other establishment of a type of healthcare institution as described in this part;

(2) In the case of a healthcare institution, a change in the bed complement, regardless of cost, that:

(A) Increases by one (1) or more the number of nursing home beds;

(B) Redistributes beds from any category to acute, rehabilitation, or long-term care, if at the time of redistribution, the healthcare institution does not have beds licensed for the category to which the beds will be redistributed; or

(C) Relocates beds to another facility or site;

(3) Initiation of the following healthcare services:

- (A) Burn unit;
- (B) Neonatal intensive care unit;
- (C) Open heart surgery;
- (D) Organ transplantation;
- (E) Cardiac catheterization;
- (F) Linear accelerator;
- (G) Home health;
- (H) Hospice; or
- (I) Opiate addiction treatment provided through a nonresidential substitution-based treatment center for opiate addiction;

(4)

(A) Except as provided in subdivision (a)(4)(D), a change in the location of existing or certified facilities providing healthcare services and healthcare institutions. However, the executive director may issue an exemption for the relocation of existing healthcare institutions and approved services if the executive director determines that:

(i) At least ninety-five percent (95%) of patients to be served are reasonably expected to reside in the same zip codes as the existing patient population;

(ii) The relocation will not reduce access to consumers, particularly those in underserved communities; those who are uninsured or underinsured; women and racial and ethnic minorities; TennCare or medicaid recipients; and low-income groups; and

(iii) The payor mix will not include an increase in commercial insurance;

(B) The executive director must notify the commission of an exemption granted pursuant to subdivision (a)(4)(A) at the next regularly scheduled commission meeting;

(C) An exemption granted or denied by the executive director pursuant to subdivision (a)(4)(A) is subject to commission review in the same manner as described in § 68-11-1606(g) and (h); and

(D) The relocation of the principal office of a home health agency or hospice within its licensed service area does not require a certificate of need;

(5) Except as otherwise provided in subdivision (m)(2) and subsection (u), the following actions in a county with a population of one hundred seventy-five thousand (175,000) or less, according to the 2010 federal census or a subsequent federal census:

(A) Initiation of magnetic resonance imaging services; or

(B) Increasing the number of magnetic resonance imaging machines, except for replacing or decommissioning an existing machine;

(6) The establishment of a satellite emergency department facility or a satellite inpatient facility by a hospital at a location other than the hospital's main campus; and

(7) Except as otherwise provided in subsection (u), the initiation of positron emission tomography in a county with a population of one hundred seventy-five thousand (175,000) or less, according to the 2010 federal census or a subsequent federal census.

(b) An agency of this state, or of a county or municipal government, shall not approve a grant of funds for, or issue a license to, a healthcare institution for a portion or activity of the healthcare institution that is established, modified, relocated, changed, or resumed, or that constitutes a covered healthcare service, in violation of this part. If an

agency of this state, or of a county or municipal government, approves a grant of funds for, or issues a license to, a person or institution for which a certificate of need was required but was not granted, then the license is void and the person or institution shall refund the funds to the state within ninety (90) days. The health facilities commission has the authority to impose civil penalties and petition a circuit or chancery court having jurisdiction to enjoin a person who is in violation of this part.

(c)

(1) For each application, a letter of intent must be filed between the first day of the month and the fifteenth day of the month prior to the application's submission. At the time of filing, the applicant shall cause the letter of intent to be published in a newspaper of general circulation in the proposed service area of the project. The published letter of intent must contain a statement that any:

(A) Healthcare institution wishing to oppose the application must file written notice with the commission no later than fifteen (15) days before the commission meeting at which the application is originally scheduled; and

(B) Other person wishing to oppose the application may file a written objection with the commission at or prior to the consideration of the application by the commission, or may appear in person to express opposition.

(2) Persons desiring to file a certificate of need application seeking a simultaneous review regarding a similar project for which a letter of intent has been filed shall file with the commission a letter of intent between the sixteenth day of the month and the last day of the month of publication of the first filed letter of intent. A copy of a letter of intent filed after the first letter of intent must be mailed or delivered to the first filed applicant and must be published in a newspaper of general circulation in the proposed service area of the first filed

applicant. The health facilities commission shall consider and decide the applications simultaneously. However, the commission may refuse to consider the applications simultaneously if it finds that the applications do not meet the requirements of "simultaneous review" under the rules of the commission.

(3) Applications for a certificate of need, including simultaneous review applications, must be filed by the first business day of the month following the date of publication of the letter of intent.

(4) If there are two (2) or more applications to be reviewed simultaneously in accordance with this part and the rules of the commission, and one (1) or more of those applications are not deemed complete by the deadline to be considered at the next commission meeting, then the other applications that are deemed complete by the deadline must be considered at the next commission meeting. The application or applications that are not deemed complete by the deadline to be considered at the next commission meeting will not be considered with the applications deemed complete by the deadline to be considered at the next commission meeting.

(5) Review cycles begin on the fifteenth day of each month. Review cycles are thirty (30) days. The first meeting at which an application can be considered by the commission is the meeting following the application's review cycle. If an application is not deemed complete within sixty (60) days after initial written notification is given to the applicant by commission staff that the application is deemed incomplete, then the application is void. If the applicant decides to resubmit the application, then the applicant shall comply with all procedures as set out by this part and pay a new filing fee when submitting the application. Prior to deeming an application complete, the executive director shall ensure independent review and verification of information submitted to the commission in applications, presentations, or otherwise. The purpose of the

independent review and verification is to ensure that the information is accurate, complete, comprehensive, timely, and relevant to the decision to be made by the commission. The independent review and verification must be applied, but not necessarily be limited, to applicant-provided information as to the number of available beds within a region, occupancy rates, the number of individuals on waiting lists, the demographics of a region, the number of procedures, and other critical information submitted or requested concerning an application; and staff examinations of data sources, data input, data processing, and data output, and verification of critical information.

(6) An application filed with the commission must be accompanied by a nonrefundable examination fee fixed by the rules of the commission.

(7) Information provided in the application or information submitted to the commission in support of an application must be true and correct. Substantive amendments to the application, as defined by rule of the commission, are not allowed.

(8) An applicant shall designate a representative as the contact person for the applicant and shall notify the commission, in writing, of the contact person's name, address, and telephone number. The applicant shall immediately notify the commission in writing of a change in the identity or contact information of the contact person. In addition to other methods of service permitted by law, the commission may serve by registered or certified mail a notice or other legal document upon the contact person at the person's last address of record in the files of the commission. Notwithstanding a law to the contrary, service in the manner specified in this subdivision (c)(8) constitutes actual service upon the applicant.

(9)

(A) Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the commission, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located; the state representative and senator representing the house district and the senate district in which the facility is proposed to be located; and the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing those officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the commission by the applicant.

(B) If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then, within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.

(C) An application subject to the notification requirements of this subdivision (c)(9) is not complete if the applicant has not provided proof of compliance with this subdivision (c)(9) to the commission.

(d) Communications with the members of the commission are not permitted once the letter of intent initiating the application process is filed with the commission. Communication between commission members and commission staff is not prohibited. Communication received by a commission member from a person unrelated to the applicant or party opposing the application must be reported to the executive director, and a written summary of the communication must be made part of the certificate of need file.

(e) For purposes of this part, commission action is the same as administrative action defined in § 3-6-301.

(f)

(1) Notwithstanding this section to the contrary, Tennessee state veterans' homes under title 58, chapter 7, are not required to obtain a certificate of need pursuant to this section.

(2) Notwithstanding this section to the contrary, the beds located in a Tennessee state veterans' home pursuant to title 58, chapter 7, must not be considered by the health facilities commission when granting a certificate of need to a healthcare institution due to a change in the number of licensed beds, redistribution of beds, or relocation of beds pursuant to this section.

(g) After a person holding a certificate of need has completed the actions for which the certificate of need was granted, the time to complete activities authorized by the certificate of need expires.

(h) The owners of the following types of equipment shall register the equipment with the health facilities commission: computerized axial tomographers, magnetic resonance imagers, linear accelerators, and positron emission tomography. The registration must be in a manner and on forms prescribed by the commission and must include ownership, location, and the expected useful life of the equipment. Registration must occur within ninety (90) days of acquisition of the equipment. All such equipment must be filed on an annual inventory survey developed by the commission. The survey must include, but not be limited to, the identification of the equipment and utilization data according to source of payment. The survey must be filed no later than thirty (30) days following the end of each state fiscal year. The commission may impose a penalty not to exceed fifty dollars (\$50.00) for each day the survey is late.

(i) Notwithstanding this section to the contrary, an entity, or its successor, that was formerly licensed as a hospital, and that has received from the executive director a

written determination that it will be eligible for designation as a critical access hospital under the medicare rural hospital flexibility program, is not required to obtain a certificate of need to establish a hospital qualifying for that designation, if it meets the requirements of this subsection (i). In order to qualify for the exemption set forth in this subsection (i), the entity proposing to establish a critical access hospital shall publish notice of its intent to do so in a newspaper of general circulation in the county where the hospital will be located and in contiguous counties. The notice must be published at least twice within a fifteen-day period. The written determination from the executive director and proof of publication required by this subsection (i) must be filed with the commission within ten (10) days after the last date of publication. If no healthcare institution within the same county or contiguous counties files a written objection to the proposal with the commission within thirty (30) days of the last publication date, then the exemption set forth in this subsection (i) applies. However, this exemption applies only to the establishment of a hospital that qualifies as a critical access hospital under the medicare rural flexibility program and not to another activity or service. If a written objection by a healthcare institution within the same county or contiguous counties is filed with the commission within thirty (30) days from the last date of publication, then the exemption set forth in this subsection (i) does not apply.

(j)

(1) Notwithstanding subdivision (a)(2)(A) or (a)(4), a nursing home may increase its total number of licensed beds by the lesser of ten (10) beds or ten percent (10%) of its licensed capacity no more frequently than one (1) time every three (3) years without obtaining a certificate of need. The nursing home shall provide written notice of the increase in beds to the commission on forms provided by the commission prior to the request for licensing by the board for licensing healthcare facilities.

(2) For new nursing homes, the ten-bed or ten-percent increase cannot be requested until one (1) year after the date all of the new beds were initially licensed.

(3) When determining projected county nursing home bed need for certificate of need applications, all notices filed with the commission pursuant to subdivision (j)(1) must be considered with the total of licensed nursing home beds, plus the number of beds from approved certificates of need, but yet unlicensed.

(k) This part does not require a certificate of need for a home care organization that is authorized to provide only professional support services as defined in § 68-11-201.

(l) Except as provided in subsection (v), a home care organization may only initiate hospice services after applying for and receiving a certificate of need for providing hospice services.

(m)

(1) A person who provides magnetic resonance imaging services shall file with the commission an annual report no later than thirty (30) days following the end of each state fiscal year that details the mix of payers by percentage of cases for the prior calendar year for its patients, including private pay, private insurance, uncompensated care, charity care, medicare, and medicaid.

(2) In a county with a population in excess of one hundred seventy-five thousand (175,000), according to the 2010 federal census or a subsequent federal census, a person who initiates magnetic resonance imaging services shall notify the commission in writing that imaging services are being initiated and shall indicate whether magnetic resonance imaging services will be provided to a patient who is fourteen (14) years of age or younger on more than five (5) occasions per year.

(n)

(1) An application for a certificate of need for organ transplantation must separately:

(A) Identify each organ to be transplanted under the application;
and

(B) State, by organ, whether the organ transplantation recipients will be adult patients or pediatric patients.

(2) After an initial application for transplantation has been granted, the addition of a new organ to be transplanted or the addition of a new recipient category requires a separate certificate of need. The application must:

(A) Identify the organ to be transplanted under the application;
and

(B) State whether the organ transplantation recipients will be adult patients or pediatric patients.

(3)

(A) For the purposes of certificate of need approval for organ transplantation programs under this part, a program submitted to the United Network for Organ Sharing (UNOS) by January 1, 2017, is not required to obtain a certificate of need.

(B) If the organ transplantation program ceases to be a UNOS-approved program, then a certificate of need is required.

(o)

(1) Within two (2) years after the date of receiving a certificate of need, an outpatient diagnostic center must become accredited by the American College of Radiology in the modalities provided by that facility as a condition of receiving the certificate of need.

(2) An outpatient diagnostic center that fails to comply with the accreditation requirement of subdivision (o)(1) is subject to licensure sanction under § 68-11-207 as a violation of part 2 of this chapter or of the rules, regulations, or minimum standards issued pursuant to part 2 of this chapter.

(p)

(1) Notwithstanding this title to the contrary, a certificate of need is not required for a hospital to operate a nonresidential substitution-based treatment center for opiate addiction if the treatment center is located on the same campus as the operating hospital and the hospital is licensed under title 33 or this title.

(2) For purposes of this subsection (p), "campus" has the same meaning as defined in 42 CFR § 413.65.

(q)

(1) This part does not require a certificate of need for actions in a county that:

(A) Is designated as an economically distressed eligible county by the department of economic and community development pursuant to § 67-6-104, as updated annually; and

(B) Has no hospital that is actively licensed under this title located within the county.

(2)

(A) A person that provides positron emission tomography services or magnetic resonance imaging services pursuant to this subsection (q) must be accredited by The Joint Commission or the American College of Radiology in the modalities provided by that person and submit proof of the accreditation to the commission within two (2) years of the initiation of service.

(B) A person that provides positron emission tomography services or magnetic resonance imaging services pursuant to this subsection (q) and that fails to comply with the accreditation requirement of subdivision (q)(2)(A) is subject to licensure sanction under § 68-11-207 as a violation of part 2 of this chapter or of the rules, regulations, or minimum standards issued pursuant to part 2 of this chapter.

(3) A person that provides a service other than those described in subdivision (q)(2), or establishes a healthcare institution shall submit proof of accreditation by an appropriate external peer-review organization for the service or facility to the commission within two (2) years of the date of initiation of service or licensure of the healthcare institution.

(r)

(1) This part does not require a certificate of need to establish a home health agency limited to providing home health services under the federal Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) (42 U.S.C. § 7384, et seq.), or a subsequent amendment, revision, or modification to the EEOICPA. A license issued by the commission pursuant to this subsection (r) for services under the EEOICPA must be limited to the provision of only those services. A home health agency providing home health services without a certificate of need pursuant to this subsection (r) must be accredited by The Joint Commission, the Community Health Accreditation Partner, or the Accreditation Commission for Health Care and submit proof of such accreditation to the commission within two (2) years of the initiation of service.

(2) A home health agency that provides home health services without a certificate of need pursuant to this subsection (r) and that fails to comply with the accreditation requirement of subdivision (r)(1) is subject to licensure sanction

under § 68-11-207 as a violation of part 2 of this chapter or of the rules, regulations, or minimum standards issued pursuant to part 2 of this chapter.

(s)

(1) This part does not require a certificate of need to establish a home health agency limited to providing home health services to patients less than eighteen (18) years of age. A license issued by the commission pursuant to this subsection (s) for the provision of home health services to patients under eighteen (18) years of age must be limited to the provision of only those services.

(2) The commission may permit a home health agency providing home health services to patients under eighteen (18) years of age to continue providing home health services to the patient until the patient reaches twenty-one (21) years of age if:

(A) The patient received home health services from the home health agency prior to the date the patient reached eighteen (18) years of age; and

(B) The home health services are provided under a TennCare program.

(3)

(A) A home health agency that provides home health services without a certificate of need pursuant to this subsection (s) must, within two (2) years of the initiation of service, be accredited by and submit proof to the commission of the accreditation from:

(i) An accrediting organization with deeming authority from the federal centers for medicare and medicaid services;

(ii) The Joint Commission;

(iii) The Community Health Accreditation Partner; or

(iv) The Accreditation Commission for Health Care.

(B) A home health agency that provides home health services without a certificate of need pursuant to this subsection (s) and that fails to comply with the accreditation requirement of subdivision (s)(3)(A) is subject to licensure sanction under § 68-11-207 as a violation of part 2 of this chapter or of the rules, regulations, or minimum standards issued pursuant to part 2 of this chapter.

(t) This part does not require a certificate of need in order for an existing hospital licensed by the department of mental health and substance abuse services to become licensed by the commission as a satellite of an affiliated general acute care hospital as provided by § 33-2-403(b)(8)(B).

(u)

(1) This part does not require a certificate of need to establish or operate the following in a county with a population in excess of one hundred seventy-five thousand (175,000), according to the 2010 federal census or a subsequent federal census:

(A) Initiation of magnetic resonance imaging services, or increasing the number of magnetic resonance imaging machines used, as long as magnetic resonance imaging services are not provided to a patient who is fourteen (14) years of age or younger on more than five (5) occasions per year; or

(B) Initiation of positron emission tomography.

(2)

(A) A provider of positron emission tomography established without a certificate of need pursuant to this subsection (u) must become accredited by the American College of Radiology and provide to the commission proof of the accreditation within two (2) years of the date of licensure.

(B) A provider of positron emission tomography established without a certificate of need pursuant to this subsection (u) and that fails to comply with the accreditation requirement of subdivision (u)(2)(A) is subject to licensure sanction under § 68-11-207 as a violation of part 2 of this chapter or of the rules, regulations, or minimum standards issued pursuant to part 2 of this chapter.

(v)

(1) This part does not require a certificate of need to establish a home care organization or residential hospice limited to providing hospice services, as defined in § 68-11-201, to patients under the care of a healthcare research institution, as defined in § 68-11-1901.

(2) A license issued by the commission pursuant to the exception created by subdivision (v)(1) must be limited to the provision of services only to the patients of the healthcare research institution, as defined in § 68-11-1901, or the patients of a hospital or clinic that has its principal place of business located in this state and that is affiliated with the healthcare research institution.

(3) A home care organization or residential hospice that provides hospice services without a certificate of need pursuant to subdivision (v)(1) must, within twelve (12) months of the date the home care organization is granted a license by the commission, be accredited by The Joint Commission, the Community Health Accreditation Partner (CHAP), DNV GL Healthcare, or the Accreditation Commission for Health Care (ACHC), in order to continue to qualify for the exception created by subdivision (v)(1).

(w) No later than July 1, 2023, the commission shall implement and make available for use by applicants an electronic certificate of need application system.

SECTION 130. Tennessee Code Annotated, Section 68-11-1608, is amended by deleting the section and substituting:

(a) The executive director may place applications to be considered on a consent or emergency calendar established in accordance with commission rule.

(b) The rule must provide that, in order to qualify for the consent calendar, an application must not be opposed by a person with legal standing to oppose and the application must appear to be necessary to provide needed health care in the area to be served, provide health care that meets appropriate quality standards, and demonstrate that the effects attributed to competition or duplication would be positive for consumers. If opposition is stated in writing prior to the application being formally considered by the commission, then the application must be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

(c)

(1) If an unforeseen event necessitates action of a type requiring a certificate of need, and the public health, safety, or welfare would be unavoidably jeopardized by compliance with the standard procedures for the application for and granting of a certificate of need, then the commission may issue an emergency certificate of need.

(2) An emergency certificate of need may be issued upon request of the applicant if the executive director and officers of the commission concur, after consultation with the appropriate licensing agency. Prior to an emergency certificate of need being granted, the applicant must publish notice of the application in a newspaper of general circulation, and commission members must be notified by commission staff of the request.

(3) A decision regarding whether to issue an emergency certificate of need must be considered at the next regularly scheduled commission meeting unless the applicant's request is necessitated by an event that has rendered its facility, equipment, or service inoperable. In that case, the commission's chair

and vice chair may act immediately, on behalf of the commission, to consider the application for an emergency certificate of need.

(4) An emergency certificate of need is valid for a period not to exceed one hundred twenty (120) days. However, if the applicant has applied for a certificate of need under standard commission procedures, then an extension of the emergency certificate of need may be granted.

SECTION 131. Tennessee Code Annotated, Section 68-11-1609, is amended by deleting "agency" wherever it appears and substituting "commission"; and by deleting "agency's" wherever it appears and substituting "commission's".

SECTION 132. Tennessee Code Annotated, Section 68-11-1609(a)(1)(A), is amended by deleting "license issued by the department of health" and substituting "license issued by the commission".

SECTION 133. Tennessee Code Annotated, Section 68-11-1609(d), is amended by deleting "issued by the department of health" and substituting "issued by the commission".

SECTION 134. Tennessee Code Annotated, Section 68-11-1609(i)(1), is amended by deleting "The department of health" and substituting "The commission".

SECTION 135. Tennessee Code Annotated, Section 68-11-1610, is amended by deleting "agency" wherever it appears and substituting "commission"; and by deleting "agency's" wherever it appears and substituting "commission's".

SECTION 136. Tennessee Code Annotated, Section 68-11-1611, is amended by deleting "agency" wherever it appears and substituting "commission"; and by deleting "agency's" and substituting "commission's".

SECTION 137. Tennessee Code Annotated, Section 68-11-1612(a), is amended by deleting "agency" and substituting "commission".

SECTION 138. Tennessee Code Annotated, Section 68-11-1613, is amended by deleting "agency" and substituting "commission".

SECTION 139. Tennessee Code Annotated, Section 68-11-1614, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 140. Tennessee Code Annotated, Section 68-11-1616, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 141. Tennessee Code Annotated, Section 68-11-1617, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 142. Tennessee Code Annotated, Section 68-11-1617(5), is amended by deleting "licensure by the department of health" and substituting "licensure by the commission".

SECTION 143. Tennessee Code Annotated, Section 68-11-1618, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 144. Tennessee Code Annotated, Section 68-11-1619, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 145. Tennessee Code Annotated, Section 68-11-1620(a), is amended by deleting the subsection and substituting:

(a) Fees and civil penalties authorized by the certificate of need program established by this part must be paid by the health facilities commission or the collecting agency to the state treasurer and deposited in the state general fund and credited to a separate account for the commission's expenses incurred administering the implementation and enforcement of the certificate of need laws. Fees include, but are not limited to, fees for the application of certificates of need, subscriptions, project cost overruns, copying, and contested cases. Disbursements from that account may only be made for the purpose of defraying expenses incurred in the implementation and enforcement of the certificate of need program established by this part by the commission. Funds remaining in the account at the end of a fiscal year do not revert to the general fund but remain available for expenditure in accordance with law.

SECTION 146. Tennessee Code Annotated, Section 68-11-1620(b), is amended by deleting the subsection and substituting:

(b) The commission shall prescribe fees by rule as authorized by the certificate of need program established by this part. The fees must be in an amount that, in addition to the fees prescribed in subsection (c), provides for the cost of administering the implementation and enforcement of the certificate of need program established by this part by the commission. The commission shall adjust the prescribed fees as necessary to provide that the account is fiscally self-sufficient and that revenues from fees do not exceed necessary and required expenditures.

SECTION 147. Tennessee Code Annotated, Section 68-11-1620(c), is amended by deleting "agency" and substituting "commission"; and by deleting "agency's" and substituting "commission's".

SECTION 148. Tennessee Code Annotated, Section 68-11-1621, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 149. Tennessee Code Annotated, Section 68-11-1623, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 150. Tennessee Code Annotated, Section 68-11-1623(b), is amended by deleting "by the department".

SECTION 151. Tennessee Code Annotated, Section 68-11-1623(c), is amended by deleting "by the department".

SECTION 152. Tennessee Code Annotated, Section 68-11-1624, is amended by deleting "delegate to the department" and substituting "delegate to the commission".

SECTION 153. Tennessee Code Annotated, Section 68-11-1625, is amended by deleting "agency" wherever it appears and substituting "commission".

SECTION 154. Tennessee Code Annotated, Section 68-11-1626, is amended by deleting the section and substituting:

(a) Notwithstanding this part, a certificate of need is not required for the establishment of a hospital licensed under this title if:

(1) The hospital was previously licensed under this title or another hospital was previously licensed under this title at the proposed location;

(2) The hospital is located in a county:

(A) Designated by the department of economic and community development as a tier 2, tier 3, or tier 4 enhancement county pursuant to § 67-4-2109; or

(B) With a population less than forty-nine thousand (49,000), according to the 2010 federal census or a subsequent census;

(3) The last date of operations at the hospital, the hospital site service area, or proposed hospital site service area was no more than fifteen (15) years prior to the date on which the party seeking to establish the hospital submits information to the commission pursuant to subsection (b); and

(4) The party seeking to establish the hospital applies for a certificate of need from the commission within twelve (12) months of the date on which the party submits information to the commission pursuant to subsection (b).

(b)

(1) Notwithstanding this part, the commission may renew a license for a hospital meeting the criteria in subdivisions (a)(1)-(3) upon application by the party seeking to establish the hospital and finding that the hospital will operate in a manner that is substantially similar to the manner authorized under the previous hospital's license at the time of the previous hospital's closure.

(2) The commission shall review and make a determination on an application submitted pursuant to subdivision (b)(1) and notify the applicant in writing of the determination within sixty (60) days of the date the applicant submits a completed application to the commission. If the commission determination is to deny the application, then the commission must also provide to the applicant a written explanation detailing the reasons for the denial.

SECTION 155. Tennessee Code Annotated, Section 68-59-102, is amended by deleting subdivisions (2) and (5).

SECTION 156. Tennessee Code Annotated, Section 68-59-102, is amended by adding the following as new subdivisions:

() "Executive director" means the executive director of the health facilities commission;

() "Health facilities commission" or "commission" means the health facilities commission created by § 68-11-1604;

SECTION 157. Tennessee Code Annotated, Section 68-59-102, is amended by deleting "licensed by the department" wherever it appears and substituting "licensed by the commission".

SECTION 158. Tennessee Code Annotated, Section 68-59-104, is amended by deleting "commissioner of health" and substituting "executive director".

SECTION 159. Tennessee Code Annotated, Section 68-59-105, is amended by deleting "department of health" and substituting "health facilities commission".

SECTION 160. Tennessee Code Annotated, Section 68-140-321(a), is amended by deleting "health care facilities division" and substituting "health facilities commission".

SECTION 161. Tennessee Code Annotated, Section 68-140-321(d), is amended by deleting "department" and substituting "health facilities commission".

SECTION 162. Tennessee Code Annotated, Section 71-5-1003(c)(7), is amended by deleting "licensed by the department of health" and substituting "licensed by the health facilities commission".

SECTION 163. Tennessee Code Annotated, Section 71-5-2002(2)(C), is amended by deleting "health services and development agency" and substituting "health facilities commission".

SECTION 164. Tennessee Code Annotated, Section 68-11-1604(b), is amended by adding the following as a new subdivision:

(5) The governor shall designate one (1) individual as an alternate commission member for each appointment made pursuant to subdivisions (b)(1)(F)(i)-(vi) to serve when the alternate member's respective regularly appointed member is unable to participate in a matter before the commission due to the member's absence or because of the member's recusal due to a conflict of interest. Each alternate commission member is subject to the same qualifications that apply to the appointment of the alternate member's respective regularly appointed member, as described in subdivisions (b)(1)(F)(i)-(vi).

SECTION 165. Tennessee Code Annotated, Section 68-11-1604(e)(1), is amended by deleting "A member shall not serve two (2) consecutive terms as vice chair" and substituting "A member shall not serve more than two (2) consecutive terms as vice chair".

SECTION 166. Tennessee Code Annotated, Section 68-11-1606(f), is amended by deleting the subsection and substituting:

(f) The executive director shall notify the commission of an action taken pursuant to a delegation of authority under subsection (d) at the commission's next regularly scheduled meeting.

SECTION 167. Tennessee Code Annotated, Section 68-11-1609(g)(1), is amended by deleting the first sentence and substituting:

A healthcare institution wishing to oppose a certificate of need application must be located within a thirty-five-mile radius of the location of the action proposed, and must have served patients within that radius within the three hundred sixty-five (365) days immediately preceding the date of filing the certificate of need application.

SECTION 168. Tennessee Code Annotated, Section 68-11-1609(h), is amended by deleting "requiring annual reports concerning" and substituting "requiring annual reports for the first three (3) years of the implementation of the certificate of need concerning".

SECTION 169. Tennessee Code Annotated, Section 68-11-1609(i)(1), is amended by deleting the subdivision and substituting:

(1)

(i) Notwithstanding a law to the contrary, and except as provided in subdivision (i)(2), a certificate of need and activity the certificate authorizes become void if the actions the certificate authorizes have not been performed for a continuous period of two (2) years after the date the certificate of need is implemented. A revocation proceeding is not required. The department of health and the department of mental health and substance abuse services shall not issue or renew a license for an activity for which certificate of need authorization has become void.

(ii) With respect to a home care organization, this subsection (i) applies to whether the home care organization provides home health services anywhere within its service area, and not on the basis of each county for which the home care organization is licensed.

SECTION 170. Tennessee Code Annotated, Section 68-11-1610(h), is amended by deleting the subsection and substituting:

(h) Costs of the contested case proceeding and appeals, including the administrative law judge's costs, deposition costs, expert witness fees, and reasonable attorney's fees, must be assessed against the losing party in the contested case. If there is more than one (1) losing party, then the costs must be divided equally among the losing parties. Costs shall not be assessed against the agency.

SECTION 171. This act takes effect July 1, 2022, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 2356

House Bill No. 2207*

by deleting all language after the enacting clause and substituting:

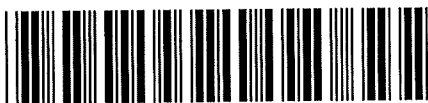
SECTION 1. Tennessee Code Annotated, Section 63-11-206, is amended by deleting subdivision (e)(1)(A) and substituting:

(A)

(i) The board may issue a temporary license to an applicant who has successfully completed the academic course work and training for the license sought, and who has not yet taken the required written examinations. The board shall not issue a temporary permit for a psychological examiner for applications received by the board after December 31, 2004.

(ii) A temporary license is valid for a period not to exceed one (1) year. The board may extend the expiration date of a temporary license following a petition from the licensee and finding that extraordinary circumstances exist that necessitate a delay in taking a required written examination prior to the expiration of the initial temporary license period.

(iii) A temporary license is revoked thirty (30) days after the date a temporary licensee receives notice of the licensee's second failure of the examination for professional practice in psychology (EPPP) or jurisprudence examination. During the thirty-day period prior to revocation of the temporary license, the licensee and the licensee's supervisor shall ensure the notification, and transfer, of care for the temporary licensee's clients.



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SECTION 2. Tennessee Code Annotated, Section 63-11-206, is amended by deleting subdivisions (h)(2) and (3) and substituting:

(2) In order for a provisional license to remain valid, the licensee must take, and pass, the examination for professional practice in psychology (EPPP) at the level set for licensure as a psychologist in this state within one (1) year of the issuance of the provisional license unless the applicant previously passed the EPPP at that level. A provisional license is revoked thirty (30) days after the date a provisional licensee receives notice of the licensee's second failure of the EPPP following issuance of the provisional license. During the thirty-day period prior to revocation of the provisional license, the licensee and the licensee's supervisor shall ensure the notification, and transfer, of care for the provisional licensee's clients.

(3) In order for the provisional license to remain valid, the licensee must take, and pass, the oral or jurisprudence examination, or both, developed by the board within two (2) years of the issuance of the provisional license. A provisional license is revoked thirty (30) days after the date a provisional licensee receives notice of the licensee's second failure of the oral or jurisprudence examination following issuance of the provisional license. During the thirty-day period prior to revocation of the provisional license, the licensee and the licensee's supervisor shall ensure the notification, and transfer, of care for the provisional licensee's clients.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 2304

House Bill No. 2213*

by deleting SECTION 1 and substituting the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, is amended by adding the following as a new part:

63-1-701.

There is created a healthcare task force to review the reimbursement of health professionals employed by agencies performing healthcare services in this state. The duties of the task force include studying how reimbursement rates and wages impact the availability of a healthcare work force, and other such duties imposed under this part.

63-1-702.

The task force is composed of fifteen (15) members as follows:

- (1) The commissioner of mental health and substance abuse services, or the commissioner's designee;
- (2) The commissioner of intellectual and developmental disabilities, or the commissioner's designee;
- (3) The deputy commissioner of the bureau of TennCare within the department of finance and administration, or the deputy commissioner's designee;
- (4) The commissioner of children services or the commissioner's designee;
- (5) The commissioner of labor and workforce development, or the commissioner's designee;



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- (6) The commissioner of health, or the commissioner's designee;
- (7) The executive director of the Tennessee commission on aging and disability, or the executive director's designee;
- (8) One (1) member of the senate to be appointed by the speaker of the senate;
- (9) One (1) member of the house of representatives to be appointed by the speaker of the house of representatives; and
- (10) Six (6) public members from organizations representing the provider community that provide healthcare services, three (3) of whom are appointed by the speaker of the senate and three (3) of whom are appointed by the speaker of the house of representatives.

63-1-703.

The task force shall recommend a strategic action plan to guide the administration and general assembly on how to:

- (1) Address the challenges of quality, affordability, and accessibility of healthcare professionals in this state;
- (2) More effectively use public resources to address those challenges;
- (3) Study the rates paid to healthcare workers employed in state government compared to healthcare workers in the private sector who perform the same function;
- (4) Address the challenges facing health professionals, generally; and
- (5) Address current workforce shortage challenges and future projections for such shortages.

63-1-704.

(a) The members of the task force are not compensated for their service on the task force, nor are they to receive per diem or travel expenses in carrying out their duties under this part.

(b) Vacancies among the members of the task force must be filled in the same manner as the original selection of members.

(c) In making appointments, the speaker of the senate and the speaker of the house of representatives shall strive to ensure that members of the task force are inclusive and reflect the geographic, urban, rural, and economic diversity of this state and are diverse in race, sex, perspective, and experience.

(d) The commissioner of labor and workforce development shall serve as chair and shall call the first meeting of the task force no later than October 1, 2022, at which time the members shall elect a first vice chair and second vice chair from among the public members.

(e) The task force shall meet at least monthly. The chair may call special meetings whenever necessary for the transaction of business. The chair shall notify each member of the task force of any special meeting at least five (5) days before the time fixed for the special meeting. A majority of the members of the task force may petition the chair to call a special meeting.

(f) The task force may conduct regular or special meetings by conference call or video conference in accordance with the requirements of § 8-44-108.

(g) The task force shall agree upon findings and recommendations by a majority vote of the total membership of the task force. A majority of the members of the task force constitutes a quorum for the purpose of meeting and conducting business.

(h) The chair of the task force may call on appropriate state agencies for reasonable assistance in the work of the task force.

(i) The task force has the authority to hire consultants to assist in the performance of the task force responsibilities, subject to an appropriation of funds by the department of health or through the use of existing department funds for such positions.

(j) Other than the receipt of an appropriation under subsection (j), the task force is attached to the department of health for administrative matters only. The autonomy

and authority of the task force are not affected by the attachment, and the department has no administrative or supervisory control over the task force.

63-1-705.

The task force shall:

(1) Develop a strategic action plan for increasing the availability of high-quality, affordable, and accessible healthcare professionals in this state;

(2) Develop a strategic action plan to eliminate the need for agencies to consistently request budget increases and allow state agencies to pay their private partner providers adequately for work that is being performed under contract with the state;

(3) Identify resources across state government to be streamlined, coordinated, and more effectively utilized to address healthcare workforce challenges;

(4) Identify the healthcare staff positions that are the most difficult to fill and the reasons for the difficulty;

(5) Study the efforts of other states in supporting their healthcare workforce, including salary comparisons for both state employees and private contractor employees, and make suggestions for implementing changes in this state;

(6) Study the disparity in salary structures for the healthcare workforce in this state and its impact on healthcare worker shortages;

(7) Identify processes to ensure that routine reviews of funding for healthcare services under the TennCare program are conducted and to ensure that adequate annual resources are being directed to the provider community; and

(8) Review budgetary and regulatory actions taken to mitigate the healthcare workforce challenges in this state and to assess the impact of these actions for future reference.

63-1-706.

(a) The task force shall submit an interim progress report of its findings and recommendations to the speaker of the senate, the speaker of the house of representatives, the chair of the health and welfare committee of the senate, and the chair of the health committee of the house of representatives no later than July 1, 2023, and a final report of its findings and recommendations to such persons no later than December 31, 2024, at which time the task force ceases to exist.

(b) The final report must include:

- (1) Findings and conclusions as outlined in § 63-1-705;
- (2) The full strategic action plan, with an executive summary; and
- (3) Recommendations for legislation deemed necessary to implement the strategic plan.

63-1-707.

This part is repealed on December 31, 2024, unless the task force is reenacted or extended by the general assembly prior to such date.

House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2723

House Bill No. 2559*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 71-3-501(8), is amended by deleting "not to exceed fourteen (14) hours per week and for not more than seven (7) hours per day" and substituting "not to exceed eighteen (18) hours per week and for not more than nine (9) hours per day"; and by deleting "shall register as providing casual care and" and substituting "shall register as providing casual care, as defined in § 71-3-503(a)(9), and".

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2574

House Bill No. 2535*

by deleting all language after the caption and substituting:

WHEREAS, residents of nursing homes and assisted-care living facilities have certain resident rights that are incorporated into state and federal laws and regulations; and

WHEREAS, within those rights, a resident has a right to receive visitors of the resident's choosing at the time of the resident's choosing, subject to the resident's right to deny visitation when applicable, so long as the manner of those visits does not impose on the rights of another resident; and

WHEREAS, included within those rights is a right for each resident to refuse certain visitors, including all visitors if they so choose; and

WHEREAS, during normal conditions other than during a public health emergency, nursing homes must allow residents to receive visitors of their choice within the facility and within their room, without limits on the frequency or duration of visits for residents, the number of visitors, or requirements for advanced scheduling; and

WHEREAS, a resident's right to have visitors of their choosing is limited only to the extent that a facility may impose reasonable clinical and safety restrictions on such visits; and

WHEREAS, nursing homes and assisted-care living facilities should make available to residents and their representatives the facility's written policies and procedures regarding the visitation rights of residents, including those policies setting forth reasonable clinical and safety restrictions on such visits; and

WHEREAS, nursing homes certified by Medicare and Medicaid must comply with federal rules and regulations enacted by the Centers for Medicare and Medicaid Services (CMS) and



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state laws and rules or be subject to significant monetary fines, and other sanctions including the loss of the ability to operate; and

WHEREAS, assisted-care living facilities must comply with state laws and rules or be subject to significant monetary fines and other sanctions, including the loss of the ability to operate; and

WHEREAS, many Tennesseans who are residents of nursing homes or assisted-care living facilities, or their representatives, have expressed confusion and frustration when individual resident rights to visitation have been abridged because the directives of federal and state authorities have determined that infection control considerations have required the balancing of those individual rights against the facility's requirement to protect all residents from harm; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a) As used in this section:

(1) "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19;

(2) "Family member" means a spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted child, or spouse's parent;

(3) "Long-term care facility" means a nursing home or assisted-care living facility, as defined in § 68-11-201; and

(4) "Resident representative" means:

(A) A family member or another individual, chosen by a resident of a long-term care facility to act on behalf of the resident in order to support the resident in decision-making; access medical, social, or other

personal information of the resident; manage financial matters; or receive notifications; or

(B) A court-appointed guardian or conservator of a resident.

(b) Notwithstanding another law to the contrary, during a period in which a disaster, emergency, or public health emergency for COVID-19 has been declared, a long-term care facility must allow a resident to have visitors during end-of-life situations and shall not restrict a patient from having at least one (1) resident representative present in the facility so long as the resident representative:

(1) Is not exhibiting symptoms of COVID-19 or another communicable disease;

(2) Agrees to follow all safety protocols established by the long-term care facility, which must be clearly specified in writing and be no more restrictive than protocols applicable to staff of the facility; and

(3) Would not by the representative's presence in the long-term care facility cause the facility to violate a federal or state law, rule, or guidance regulating that facility.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 2555

House Bill No. 2376*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 33-1-307, is amended by designating the existing language as subsection (a) and adding the following as a new subsection:

(b) Beginning in 2024, the department shall submit to the members of the general assembly, by February 15 of each year, a report of data collected related to the use of medication-assisted treatment for opiate addiction by department-funded providers in this state for the prior fiscal year. The report must include information on:

- (1) The use of medication-assisted treatment in department-administered recovery courts; and
- (2) Medication-assisted treatment paid for with grant dollars, direct or indirect appropriations, and expenditures of state and federal dollars.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.



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